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NOMINATION

ORIGINAL

HEARING

BEFORE THE

SUBCOMMITTEE ON

LABOR AND HUMAN RESOURCES
UNITED STATES SENATE

NINETY-NINTH CONGRESS

SECOND SESSION

ON

ROBERT E. WINDOM, OF FLORIDA, TO BE AN ASSISTANT SECRETARY, DEPARTMENT OF HEALTH AND HUMAN SERVICES

JUNE 4, 1986

Printed for the use of the Committee on Labor and Human Resources

U.S. GOVERNMENT PRINTING OFFICE
62-167 O WASHINGTON : 1986

For sale by the Superintendent of Documents, Congressional Sales Office
U.S. Government Printing Office, Washington, DC 20402

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NOMINATION

WEDNESDAY, JUNE 4, 1986

U.S. SENATE,
COMMITTEE ON LABOR AND HUMAN RESOURCES,
Washington, DC.

The committee met, pursuant to notice, at 10:07 a.m., in room SD-430, Dirksen Senate Office Building, Senator Orrin Hatch (chairman) presiding.

Present: Senators Hatch, Kennedy, Nickles, Simon, Grassley, and Hawkins.

The CHAIRMAN. We are happy to welcome everybody here. I apologize for being a little late. I was in the Intelligence Committee, and we were discussing counterintelligence and countersecurity measures, and it was very difficult to leave at precisely the point I wanted to leave.

But we welcome you, Dr. Windom, to the committee, and we welcome both Senators.

Before we make our opening statements, I would like to show some deference to Senator Chiles here and Senator Hawkins and let them make their statements in advance, because you have a special order in just a few minutes, and I want to give you that opportunity.

I might also mention that Senator Grassley, Congressmen Ireland, and Connie Mack will have statements to be inserted in the hearing record, and we will without objection put them in the record.

So we will turn to you, Senator Chiles, at this time, so you can make your special order, and then Senator Hawkins.

STATEMENT OF HON. LAWTON CHILES, U.S. SENATOR, FROM THE STATE OF FLORIDA

Senator CHILES. Thank you very much, Mr. Chairman.

I appreciate that very much, and I thank Senator Hawkins.

We come today to introduce Dr. Windom, nominated for the Assistant Secretary of Health of the Department of Health and Human Services. This is the biggest health job in the country, and therefore a very important job, and I know that Dr. Windom will meet the challenge with wisdom and energy.

I have known Dr. Windom for many, many years. He is certainly eminently qualified for Assistant Secretary of Health. As a practicing internist and cardiologist in Sarasota; a clinical professor of internal medicine at the University of South Florida, and a clinical professor of internal medicine at the University of Miami School of Medicine, he is certainly well respected by his peers.

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He has been very active in our Florida Medical Society affairs for many years; served as president of the Sarasota County Medical Association; served as president of the Florida State Medical Association, our highest job for a physician in Florida. And he served on the National Legislative Committee for more than 12 years. I have certainly known Dr. Windom as a man of strong and varied backgrounds in public health issues. He serves on the Governors' Advisory Committee on Alzheimer's Disease; is a member of the National Advisory Committee of the National Institute of Aging; is a past president of the Florida Heart Association; served as chairman of the Florida Task Force on Rheumatic Fever and Rheumatic Heart Disease for 8 years. He is a member of the Governor's Organ Donor Advisory Committee.

I know Dr. Windom has spent much time trying to organize some local solutions to problems of indigent care, encouraging local physicians to provide care at no cost or low cost.

Certainly, Dr. Windom has also been very active in his community in many, many civic and cultural endeavors. These are just a few of the many experiences and interests that Dr. Windom will bring to the Public Health Service.

Knowing Florida, I know he has been exposed to many exciting programs and to many health care programs. Dr. Windom, I am sure, can tell you that he has many, many more interests, but I am confident that he will be able to hit this job running. I am certainly glad to be here with Senator Hawkins to present him to the committee today.

The CHAIRMAN. Well, thank you, Senator Chiles. We are happy to have you here, and I think it is a tribute to you, Dr. Windom, to have both of your Senators here, backing you here today, as well as statements from other Members of Congress

So, Senator Chiles, we will certainly release you so you can get over to your special order.

Senator CHILES. Thank you.

The CHAIRMAN. At this time, I just want to sincerely welcome Senator Hawkins back. We are so glad to have you back and looking so well. We know you have been through an ordeal, but it is a real honor for Bob to have you here as well.

So we will turn the time over to you, Paula.

STATEMENT OF HON. PAULA HAWKINS, A. U.S. SENATOR, FROM THE STATE OF FLORIDA

Senator HAWKINS. Mr. Chairman, I appreciate your courtesy. It is an honor to appear before my own committee as one of my first duties back since being absent due to my surgery, and subsequent recovery, to introduce to you one of my best friends, Bob Windom. He is a dear friend and a super physician.

The post of Assistant Secretary for Health, is one of the most far reaching in its scope and responsibility. It requires medical knowledge, of course, but the person who fills this position must also be compassionate and creative; he must be able to lead, to be flexible, and he must be able to act quickly. Our Nation's health is very much in this Assistant Secretary's hands.

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Bob Windom's many accomplishments demonstrate that he is equal to the task presented to him. It is these many accomplishments and also my personal knowledge of Bob over the past 20 years, both as a doctor and a great human being, that inspired me to nominate him for this important position.

Bob graduated from Duke University Medical School in 1956—and as you know, I have had a lot of experience with Duke Hospital lately, up close, and I know Bob is well-trained and has the skills necessary to help lead this Nation back to health.

As my colleague Senator Chiles has noted, Bob has been a leader in each category of his profession. He has served as president of the Florida Medical Association, the Florida West Coast Academy of Medicine, and the Sarasota County Medical Society. In addition to teaching internal medicine at the University of South Florida, Bob hosts a weekly TV show, "Medical Viewpoint," on Channel 40 in Sarasota and may be able to give the Senators a few pointers before he leaves town today.

I would like to take a moment and tell you about a very special project that Bob has been involved in promoting. Bob helped start the Senior Friendship Center Health clinic in Sarasota where retired doctors and nurses who move to Florida help the poor and others who are outside the mainstream of health care. This has proved to be a very popular idea. This is a goal of this committee in reaching to those who are outside that mainstream. The idea has caught on. It has spread across the west coast of Florida. And in discussing this program with Bob, he has stated that he would like to see it spread nationwide; I know we share in that vision.

Bob has been able to excel in his profession and become a community leader by building upon that most basic unit of government, the family. He has one of the most outstanding families I have ever met, because of his leadership. His wife is with us today. He recognized long ago that the family is the cornerstone of American society. He has been awarded about every award that you can get in Florida. He has been named "The Patriot of Sarasota," I would hate to be on that committee and have to choose, because Sarasota is filled with patriots. He was presented "The Outstanding Citizen of Sarasota Award." But perhaps the best example of Bob's influence is that his son has followed in his father's footsteps and is now a medical resident at Georgetown University Hospital in Washington, DC, and his other son just concluded a term on the hospital board, which was an elected position in his community.

As a U.S. Senator, it has been my responsibility and privilege to recommend dozens of men and women for positions in the administration and the judiciary. I have learned it is not an easy job, but what it often comes down to is looking for qualities of leadership.

As with my other nominees, I am sure that Bob Windom has what is needed to lead our Nation's premier health and medical research agencies. And I am looking forward to working with him on a daily basis, and the other members of this committee, to bring about what we have been trying to bring about since I have been here in 1981, and that is a healthy nation.

Thank you, Mr. Chairman.

[The prepard Statement of Senator Hawkins follows:].

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PREPARED STATEMENT OF SENATOR HAWKINS

Senator HAWKINS. Mr. Chairman, it is such an honor to have as one of my first dities since coming back to the Senate, introducing Robert Windom to the Senate Labor and Human Resources Committee. Bob is a dear friend and a fne physician.

The post of Assistant Secretary for Health is one of far reaching scope and responsibility. It requires medical knowledge, of course. But the person who fills this position must also be creative and compassionate. He must be able to lead and be flexible. He must be able to act quickly. Our Nation's health is very much in his hands.

Bob Windom's many accomplishments demonstrate that his is equal to the task presented to him. It is these accomplishments and also my personal knowledge of Bob Windom, both as a doctor and a human being that inspired me to nominate him for this important position.

I would like to list some of those accomplishments for you. Bob graduated from Duke University Medical School in 1956. As you know, I've had the opportunity to examine Duke Hospital up close lately, so I know Bob was well-educated.

In the years that followed, Bob has served as president for the Florida Heart Association, the Sarasota County Medical Society, the Florida West Coast Academy of Medicine, and the Florida Medical Association.

In additional to teaching internal medicine at the University of South Florida, Bob hosts a weekly TV show, "Medical Viewpoint" on channel 40 in Sarasota.

I would like to take a moment and tell you about a very special project that Bob has been involved in promoting. Bob helped start the Senior Friendship Center Health Clinic in Sarasota where retired doctors and nurses help the poor and others who are outside the mainstream of health care. This has proved to be a very popular idea. It has spread across the west coast of Florida and Bob says he'd like to see it spread nationwide. I share in that vision.

Bob Windom has been able to excel in his profession, and become a community leader by building upon that most basic unit of government, the family. He recognized long ago that the family is the cornerstone of American society.

His contribution to the community has been recognized by his community. Bob has been presented with the outstanding Citizen of Sarasota Award. He has also been named "The Patriot of Sarasota." But perhaps the best example of Bob's influence is that his sone has followed in his father's footsteps and is now a medical resident at a hospital in Washington DC.

As a U.S. Senator, it has been my responsibility and my privledge to recommend dozens of men and women for positions in the administration and the judiciary. I have learned that it is not an easy job, but what it often comes down to is looking for qualities of leadership. As with my other nominees. I am sure that Bob Windom has what it needed to lead our Nation's premier health and medical research agencies.

Mr. Chairman, Representative Connie Mack, who represents Florida's 13th Congressional District, is also pleased to recommend Bob Windom for the position of Assistant Secretary for Health, and I ask unanimous consent to include his statement in the hearing record.

The CHAIRMAN. Thank you, Senator Hawkins. You certainly have worked hard on that, and we appreciate your taking the time to be with us today.

Senator HAWKINS. Thank you.

OPENING STATEMENT OF SENATOR HATCH

The CHAIRMAN. This morning, I am pleased to welcome Dr. Robert Windom, the physician recommended by Ronald Reagan to become the next Assistant Secretary of Health of the Department of Health and Human Services.

I am also really pleased to welcome his wife, Lelia, who I know, and his son Dr. Hugh Windom. This hearing will provide our colleagues on the Senate Labor and Human Resources Committee an opportunity to get to know Dr. Windom. I might say he is an old friend of mine, and I appreciate my Senate colleagues having this opportunity to learn of his accomplishments.

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Dr. Windom has proven himself a tireless advocate for health and has volunteered untold hours of service in educating the public about healthy living. He has given at least an equal amount of time to educating policymakers at a local, State and the national level about sound health policy.

He has been a practicing physician for over 20 years. He has a loyal and grateful group of patients who are certainly going to miss his competent and personal care. But I have to say, I think we are fortunate that you would be giving that same competent and personal caring touch to manage our Federal public health efforts at a time when the country, I think, very much needs a good doctor at the helm. Of course we do have a good doctor as the Secretary of the Health and Human Services Agency. But this position is very important because our Public Health Service has had a long and proud tradition dating back to the beginnings of our country. During the very First Congress in 1788, in Philadelphia, our Founding Fathers determined that it would be appropriate for our citizens to support through tax dollars maritime hospitals located at strategic seaports. These hospitals would care for merchant seamen who were so vital for our young, growing and vibrant economy as our country developed.

For more than a century, the Federal Government did little more in "health" other than conduct feeble quarantine efforts to contain dreadful and deadly infectious diseases which wiped out untold thousands of our citizens.

Now, as the science of medicine developed, so did the role of Government in this area. The Government began developing safety assurances for food, water, biologics, pharmaceuticals, and later, our Government took the lead in funding a broad range of biomedical and health-related research.

And today, our public health efforts provide help to targeted populations in need of health care, and our efforts place health professionals to work in underserved areas. We educate the general public about health risks associated with unhealthy lifestyles, and we respond to public health emergencies by mobilizing the best and the brightest in the fields of medicine and health in our Nation.

So as the mission of public health has changed in the Public Health Service, so has the need to scrutinize and examine its successes and failures. In fact, I believe that the Public Health Service is undergoing a period of necessary refinement and redefinition. Our Nation is experiencing dynamic changes—the aging of our population; an epidemic in teen pregnancies; transformations in the delivery of health care, and a deadly new kind of infectious disease epidemic in the form of AIDS.

As these changes occur, so should our Nation's capacity to respond to these particular changes.

Now, I do believe that Dr. Bob Windom is an excellent choice to take the helm of our public health efforts at this critical time. You have demonstrated leadership in your profession. You have a strong commitment to public service that has been evidenced, and I am personally delighted that you are willing to leave your very successful practice and come here to Washington to work at the highest levels of government.

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I have absolute confidence that everybody in this country will benefit as a result of your leadership in public health, and I for one very strongly support you.

Let me turn to Senator Kennedy at this time.

OPENING STATEMENT OF SENATOR KENNEDY

Senator KENNEDY. Thank you very much.

I am pleased to have the opportunity to participate in this confirmation hearing on the nomination of Robert E. Windom, M.D., to be Assistant Secretary for Health.

The Assistant Secretary for Health occupies a position that is tremendously important to the health and well-being of the American people.

All Americans depend on an effective program of medical research for progress against the dread diseases that afflict so many of our fellow citizens. The National Institutes of Health form the greatest biomedical research organization in the world. Research conducted or funded by the NIH accounts for 85 percent of all the basic biomedical research carried out in the United States. Much of the responsibility for the effective operation of the NIH rests with the Assistant Secretary for Health and today only about one out of four approved research grants are actually funded.

Because they are poor or because they live in areas without an adequate supply of health services and professionals, many Americans have great difficulty in securing access to essential health services. For millions of our fellow citizens, the activities of Community Health Centers, Migrant Health Centers, the National Health Service Corps and the Indian Health Service can literally mean the difference between life and death. The Assistant Secretary for Health is responsible for the direction of these crucial programs and for contributing to an overall national strategy to deal with the problems of the poor and underserved.

Effective programs of health promotion and disease prevention are the most cost-effective methods of securing the benefits of health and long life for our citizens. Through his responsibility for the Centers for Disease Control, the Prevention Block Grant, and the Childhood Vaccination Program, the Secretary for Health is the central Federal official determining the success or failure of national prevention efforts.

The Food and Drug Administration is our first line of defense in securing a safe and healthful food supply and safe and effective drugs and medical devices. The FDA, too, is the responsibility of the Assistant Secretary for Health.

Millions of Americans suffer from the tragic scourges of mental illness, drug abuse, and alcoholism. The Federal commitment to prevention and treatment of these dreadful afflictions rests with the Alcohol, Drug Abuse, and Mental Health Administration, and the effective operation of ADAMHA depends on the leadership of the Assistant Secretary for Health.

Indeed there is virtually no area of medicine or health in which the effective leadership of the Assistant Secretary for Health is not vital.

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I am sorry to say that in my 24 years in the U.S. Senate, I have not observed any administration with as weak a commitment to the health of the American people as the one now in office. At a time when the number of people without health insurance has soared, the ability of the Nation's hospitals to provide care for those who cannot pay is threatened, the AIDS epidemic poses the greatest public health emergency of the postwar era, and our senior citizens struggle under the weight of medical bills that Medicare does not pay, this administration seems frozen in the ice of its own indifference.

When the need is so great and the record is so poor, the leadership provided by the Assistant Secretary for Health assumes a special importance.

Because the Assistant Secretary for Health plays such a crucial role in so many areas vital to the health of the American people, Republican and Democratic administrations alike over the last 20 years have taken care to nominate only individuals with the very highest qualifications to this position. All of the previous appointments to this position have had strong records as biomedical research scientists, have directed important academic medical centers or major research institutes, or have previously held responsible Federal health positions. Many previous appointees have fulfilled several or all these roles prior to their appointment as Assistant Secretary for Health.

The failure of the Reagan administration to take a position and constructive role on health issues, Dr. Windom's views on the important health policy questions pursuing the American people, the commitment he brings to this important post, and his ability to reach out to a broad spectrum of knowledgeable experts assume particular importance to the American people, and they should be carefully considered by our committee as we decide what recommendation to make to the Senate on this nomination.

So I am going to try and work with you in the future, but I would be very interested during the course of our hearing to hear you out on these issues.

I do want to explain that there is a press conference with some of my colleagues and myself at 10:30, so I will absent myself for about 20 minutes, and then I will be back. So I would ask the Chair—I will be back at about 5 minutes of 11—and I would like the opportunity at that time to inquire.

The CHAIRMAN. I had planned on just turning the time over to you for questions. Do you want to take some time now?

Senator KENNEDY. I cannot. The press conference is at 10:30, so I will have to leave now.

The CHAIRMAN. All right I will ask a few questions while Senator Kennedy is gone, and then we will just recess until he returns.

Senator KENNEDY. Good.

The CHAIRMAN. One of the amendments to the drug export bill that we recently passed in the Senate on May 14 makes the position of the FDA Commissioner a Presidential appointment, with the confirmation of the Senate. The Congress has been trying to do that for a long time. I think that should drug export pass, that will be accomplished, or it will be added to some other bill.

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Under this amendment, the FDA Commissioner no longer reports to the Assistant Secretary for Health. So what would be your attitude toward that amendment?

Dr. WINDOM. Thank you, Senator.

First, I want to thank you for the opportunity to be here——

The CHAIRMAN. Oh, excuse me. I am asking you questions, and I did not even give you a chance to make a statement. Let me withdraw the question. [Laughter.]

I am sorry—I am so anxious to interrogate you, you know.

Please go ahead.

STATEMENT OF ROBERT E. WINDOM, M.D., NOMINATED TO BE ASSISTANT SECRETARY FOR HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Dr. WINDOM. First, I want to thank you and of course thank Senator Chiles for his participation today. I also want to show appreciation to Senator Hawkins for being here, demonstrating her rehabilitative capacity and showing how modern science and surgery have brought her back to a more comfortable life. Hopefully, she will be free of any discomfort soon. I also want to express appreciation to others in our Florida delegation who have submitted their comments.

I want to express my gratitude also to President Reagan for nominating me for this position. At the same time, I look forward to the challenge of serving President Reagan, Secretary Bowen, and indeed, our Nation, in a manner that will clearly underscore the many ways the Public Health Service seeks to improve the health and quality of life for America's citizens.

It is clear that the wide range of Public Health Service activities has an impact on the lives of each and every American citizen. Be it protection of the Nation's food supply, carrying out epidemiological studies, establishing community health centers in underserved areas, or conducting research on mental illness, drug abuse or disease, the activities of the Public Health Service are vital to American life.

Mr. Chairman, foremost on my agenda are efforts to encourage preventive health measures. This will be one of my goals at the Public Health Service as it has been throughout my career.

For example, realizing that good health habits must begin early in life, I dedicated my year as president of the Florida Heart Association to addressing the youth of Florida—stressing the need for proper diet, adequate exercise, weight control, no smoking, alcohol limitation, and maintaining an open mind to disease control or cure.

It is my firm belief—and I know that this committee above all others shares this view—that we must encourage youngsters to begin these good health habits at an early age, or the chance for benefit in future years has a diminishing return.

For 10 years, I have hosted a weekly Saturday television program, and for 5 years, daily local television spots aimed at informing the public on issues related to health promotion and disease prevention.

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Having lived in a State with the highest percentage of people over age 65, I have been actively involved in establishing health programs for senior citizens.

If confirmed by the Senate, having been voted out by this committee, I shall continue such efforts to inform the public on ways that each individual can be effective in maintaining personal good health.

Individual responsibility is the hallmark for our Nation to achieve excellence in lessening disability, premature death, and preservation of good health.

The role of our Federal Government to assemble data, support research, direct surveillance, and educate, provides a model which the public can follow.

The position of Assistant Secretary for Health to fulfill these obligations is indeed a most important responsibility, a commitment to which I am dedicated, and a challenge I eagerly anticipate.

I pledge to you that I shall aggressively work to prevent economic factors from affecting the quality of health programs, health care, and disease prevention activities.

We do have a responsibility to protect the health of the public, and there is no way I will allow anything to hinder such protective measures.

I want you to know that I look forward to your views on how we can better focus, better manage and generally improve our public health programs whenever needed. It is important that the Public Health Service work closely with the Congress in meeting our Nation's health agenda. Only by cooperation can we obtain the goal of a healthy America for all.

Senator Hatch, I want to thank you and the other members of the committee. I look forward to answering your questions, of which I have already received one.

[The prepared statement and biological sketch of Dr. Windom follow:]

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STATEMENT

OF

ROBERT E. WINDOM, M.D.

ASSISTANT SECRETARY FOR HEALTH-DESIGNATE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

COMMITTEE ON LABOR AND HUMAN RESOURCES

UNITED STATES SENATE

June 4, 1986

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Mr. Chairman, it is indeed my honor to appear before you and the Committee today. I wish to express my gratitude to President Reagan for nominating me as Assistant Secretary for Health. At the same time, I look forward to the challenge of serving the President, Secretary Bowen -- and indeed, our Nation -- in a manner that will clearly underscore the many ways the Public Health Service seeks to improve the health and quality of life for America's citizens.

It is clear that the wide range of Public Health Service activities has an impact on the lives of each and every American citizen. Be it protection of the Nation's food supply, carrying out epidemiological studies, establishing Community Health Centers in underserved areas, or conducting research on mental illness, drug abuse, or disease, the activities of PHS are vital to American life.

Mr. Chairman, foremost on my agenda are efforts to encourage preventive health measures. This will be one of my goals at the PHS, as it has been throughout my career.

For example, realizing that good health habits must begin early in life, I dedicated my year as President of the Florida Heart Association to addressing the youth of Florida -- stressing the need for proper diet, adequate exercise, weight control, no smoking, alcohol limitation, and maintaining an open mind to

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For ten years, I have hosted a weekly Saturday television program, and for five years, daily local television spots aimed at informing the public on issues related to health promotion and disease prevention. Having lived in a State with the highest percentage of people over age 65, I have been actively involved in establishing health programs for senior citizens.

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I want you to know that I look forward to your views on how we can better focus, better manage, and generally improve our public health programs whenever needed. It is important that the Public Health Service work closely with the Congress in meeting our Nation's health agenda. Only by cooperation can we obtain the goal of a healthy America for all.

Thank you very much. I look forward to answering your questions.

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STATEMENT FOR COMPLETION BY PRESIDENTIAL NOMINEES

PART I: ALL THE INFORMATION IN THIS PART WILL BE MADE PUBLIC

Name: Windom (LAST) Robert (FIRST) Emerson (OTHER)

Position to which nominated: Assistant Secretary for Health Date of nomination: 3/8/86

Date of birth: 14 (DAY) 7 (MONTH) 30 (YEAR) Place of birth: Columbus, Ohio

Marital status: Married Full name of spouse: Lelia Harmon Windom

Name and ages of children:

Robert E., Jr.	30
Ross D.	28
Hugh H.	27

Education:

Institution	Dates attended	Degrees received	Dates of degrees
Duke University	1948-1952	B.A.	6/52
Duke University	1952-1956	M.D.	6/56

Honors and awards: List below all scholarships, fellowships, honorary degrees, military medals, honorary society memberships, and any other special recognitions for outstanding service or achievement.

Fellowship from Dallas Heart Association, Fellow American College of Physicians, Fellow American College of Cardiology, Duke University Medical Center, Distinguished Alumnus Award, Florida Hospital Association, "Health Communicator of the Year Award, 1979, National Conference of Christians and Jews, Silver Medallion Brotherhood Award, Honorary Lifetime Member, Florida Society of Nephrology, Fifteen Year Distinguished Service Award, Florida Heart Association, Outstanding Citizen of Sarasota Award, "Patriot of Sarasota" Award, "Red Carpet Award" presented by Chamber of Commerce to those members who have brought in more than 100 new members, WSA Radio Station - Citizen of the Day Award, Who's Who Among Students in American College & Universities, Duke University

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Memberships: List below all memberships and offices held in professional, fraternal, business, scholarly, civic, charitable and other organizations for the last five years and any other prior memberships or offices you consider relevant.

Organization	Office held (if any)	Dates
University of Miami School of Medicine,	Clinical Associate Professor of Internal Medicine	1970 -present
University of South Florida School of Medicine	Clinical Professor of Internal Medicine	1981- present
Florida Medical Association	National Legislative Cmt	1974-1986
Florida Task Force on Rheumatic Fever & Rheumatic Heart Disease	Chairman	1978-1986
Advisory Council to National Institute on Aging		1982-1989
Board of Directors First Presidential Savings & Loan Association	Director	1983-1986
New College/Univ of South Fla	Board of Trustees	1978-1986
Sarasota Chamber of Commerce		
Florida Chamber of Commerce	Board of Directors	1985-1986

see attached

Employment record: List below all positions held since college, including the title or description of job, name of employer, location of work, and dates of inclusive employment.

House staff officer, Parkland Memorial Hospital, Dallas, Texas; 1956-1960

Physician in private practice: Robert E. Windom, M.D., P.A. Sarasota, Florida 1960-1986

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Robert E. Windom, M.D.

Addendum to "Memberships", page 2

Delegate to American Medical Association		1983-1986
Organ Donor Advisory Committee, Flordia Department HRS	Member	1985-1986
Governor's Advisory Committee to Alzheimer's Disease	Member	1986
American Medical Association Task Force on Medical Education for Health Policy Agenda	Member	
Florida Medical Political Action Committee	President	1983-1986
University of Florida, Medical Advisory Committee to the Dean of College of Medicine	Member	1979-1986
Florida Medical Association	President	1982-1983

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Government experience: List any advisory, consultative, honorary or other part-time service or positions with Federal, State, or local governments other than those listed above.

N/A

Published writings: List the titles, publishers and dates of books, articles, reports or other published materials you have written.

"A Successful Staphlococcal Control Program Which Failed" (co-author)
"Routine Urine Cultures in Private Practice" (co-author)
"Acne Conglobata and Arthritis" (co-author)
"Asymptomatic Bacteriuria in Pregnancy and Its Association with Prematurity" (co-author)
Presented paper on Encephylitis to Southern Section Meeting of the American College of Physicians at New Orleans, March 1963
"The Voluntary Health Agencies, Our Greatest Ally", Journal Florida Medical Association, November 1973
"Rheumatic Fever Programs in Florida" (co-author), Journal Florida Medical Association, November 1975
"Monitor Mania Versus Clinical Confidence", Journal Florida Medical Association, p 717, Vol 64, No 10, October 1977
"The Name of the Game", JFMA p. 122, Vol 15, No 2, February 1978
"The Need for Improvement of the Public Health Program in Florida", JFMA, p 274, Vol 65, No 4, April 1978
"Habits May Be Worth Breaking", JFMA, March 1982

Political affiliations and activities: List all memberships and offices held in or financial contributions and services rendered to all political parties or election committees during the last five years.

Chairman, Physicians For Reagan-Bush, Southeastern U.S., 1984 $500
Member Election Committee for Connie Mack, 1982,1984 $1000
President, Florida Medical Political Action Committee, 1983-86, $100/yr
Member Republican Senatorial Trust 1977-1986 - donations $15,000

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Future employment relationships:

1. Indicate whether you will sever all connections with your present employer, business firm, association or organization if you are confirmed by the Senate.

Yes, with exception of structured buy out of medical practice.

2. State whether you have any plans after completing government service to resume employment, affiliation or practice with your previous employer, business firm, association or organization.

no

3. Has a commitment been made to you for employment after you leave Federal service?

no

4. Do you intend to serve the full term for which you have been appointed or until the next Presidential election, whichever is applicable?

yes

Potential conflicts of interest:

1. Describe any financial arrangements, deferred compensation agreements or other continuing financial, business or professional dealings with business associates, clients or customers who will be affected by policies which you will influence in the position to which you have been nominated.

none

2. List any investments, obligations, liabilities, or other financial relationships which constitute potential conflicts of interest with the position to which you have been nominated.

none

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3. Describe any business relationship, dealing or financial transaction which you have had during the last five years whether for yourself, on behalf of a client, or acting as an agent, that constitutes a potential conflict of interest with the position to which you have been nominated.

NONE

4. List any lobbying activity during the past 10 years in which you have engaged for the purpose of directly or indirectly influencing the passage, defeat or modification of any Federal legislation or of affecting the administration and execution of Federal law or policy.

Member National Legislative Contact Committee of Florida Medical Association to Congressional Delegation of Florida - periodic meetings to discuss health issues.

5. Explain how you will resolve any potential conflict of interest that may be disclosed by your responses to the above items.

Truthfully explain situation to show that there is no conflict of interest.

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The Need for Improvement of the Public Health Program in Florida

Robert E. Windom, M.D.

Historically, one may review the success of the public health program in Florida through 1968 when a significant change occurred that has resulted in the development of a newer program which has been less efficient and consequently less successful in its efforts. At one time Florida was a model throughout the country because of its excellence in providing a statewide coordinated effort with a public health department under the direction of a capable physician in leadership capacity. The lack of physician direction and the present fragmentation of the program has found Florida to be virtually on the bottom of the totem pole throughout the 50 states as far as providing an effective program. This is exemplified also by the state spending practically the lowest per capita dollar of state funds for the public health program.

Like any profession or business, the people most knowledgeable in that particular discipline are those who are "on the inside." No one has more knowledge or insight into the needs than the individual who has been fully trained and has the expertise of his particular area. When it comes to mounting a statewide program, no one would doubt the value of the direction being provided by a person most knowledgeable in the particular field involved. For Florida to re-establish its strength in the public health field, it is imperative that a program of continuity be established throughout each county health office under the same direction of a competent physician with authority to direct active programs and to react promptly to problems that arise. A mechanism for accomplishing this task can be done in two ways. One, **a separate Department of Health** under the direction of a physician. Secondly, the ideal mechanism would be for a physician to serve as a cabinet officer within our state government which would place the area of health on a level equal to that of the other cabinet positions which serve special needs of our citizens.

Presented before the Governor's Management Advisory Committee for Health and Rehabilitative Services, September 13, 1977, Tallahassee.

Dr. Windom is Secretary of the Florida Medical Association.

Today we all look at the area of health differently than we did just a few years ago. The future indicates that government on all levels will be more involved with health care. Let us not wander along the way and not take advantage of the mistakes that have been made in the past. We should not allow a health program to exist that is inefficient and unduly expensive. Medicine as a discipline has established over many years a cherished position in the minds of everybody because of one's own selfish desire to live a long and healthy life. The many years of training and experience necessary to become a physician have served as a mechanism to prevent virtually all but the most competent to go into this lifetime profession. Therefore, such an individual is unique in his ability to understand the myriad of health problems affecting the public and how best to deliver health services. Granted, we have seen a multitude of people from all other walks of life enter into the health program on various governmental levels with the assumption that they have all the answers. Just by looking at the monumental costs of the Medicare and Medicaid program and to see so many deficiencies indicates that many of these quasi-medical people are not very knowledgeable to solve complex medical problems.

Various diseases still occur in sporadic outbreaks throughout our country that require immediate action by health care providers. Also many chronic diseases continue to demand statewide attention. Having direct leadership by a physician over the state program would allow the citizens of Florida to receive the maximal benefit from our own public health service. To illustrate, just this past year an example of a national influenza immunization program was implemented and within our own state weeks went by and still there was no direct coordination of leadership or advice to be given to the local communities, simply because our present governmental structure does not have what we are seeking.

Let me illustrate another example of where our present program lacks direction. This concerns the disease of rheumatic fever and its consequences of

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rheumatic heart disease. Four years ago it was grossly apparent that there was no effective mechanism to help eradicate this disease or to maintain an effective program of prevention. A Task Force was formulated consisting of three representatives from the Department of HRS, Florida Medical Association, and the American Heart Association, Florida Affiliate. This embodied three separate disciplines relating to this disease, uniting together to tackle the problem most effectively. Medical leadership has directed this Task Force along with the advice of those most knowledgeable in the field who were not physicians. It has taken us four years to reach the point where we now have funding as a result of action by our state legislature which responded to our presentation for the vital need of financial support. We have made inroads very slowly because of many and varied obstructions that we have met through the present health structure in our state. Our goals are far from met but we feel that we are making progress toward them. This disease can be eradicated, it can prevent untoward expense as a result of its eradication, and hundreds of our Florida citizens can be productive who otherwise would be disabled and dependent upon state support if the disease continues. If we had the public health program in Florida that we desire, this program could have been implemented and operating much earlier. Also, this is just one of many instances where an efficiently operated program on all levels of health care can save millions of dollars in the long run, albeit that a significant expenditure must be made to implement the program.

Please be assured that the Florida Medical Association has but one interest in presenting our recommendations to you. No group is more vitally concerned with the health and welfare of the citizens of Florida. However, no group has been scrutinized more critically than the medical profession by those outside of its walls. We proudly accept just criticism; however, we strongly defend our profession when it is unjustly criticized and placed on a pedestal to be scorned by individuals or groups whose sole purpose is to destroy the quality and excellence of the medical profession. We respect our historical position in society and wish to maintain the integrity inherent in those most capable of delivering health services. In order for the generations of the future to have members dedicated to serve as physicians, we must do everything possible to maintain the high standards of the profession. To allow our state government to maintain less than an ideal public health program would be a disservice to Florida citizens as well as to our profession. I feel confident that any other profession or any specific business would share our philosophy and equally demand its just participation in whatever endeavor the state took relating to it.

● Dr. Windom, 1750 South Osprey Avenue, Sarasota 33579.

All ages have said and repeated that one should strive to know one's self. This is a strange demand which no one up to now has measured up to and, strictly considered, no one should. With all his study and effort, man is directed to what is outside, to the world about him, and he is kept busy coming to know this and to master it to the extent that his purposes require .... How can you come to know yourself? Never by thinking, always by doing. Try to do your duty, and you'll know right away what you amount to. And what is your duty? Whatever the day calls for.

—Goethe

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The CHAIRMAN. Thank you, Doctor. Why don't you answer that one? I will not repeat it—just that the FDA Commissioner will be subject to confirmation by the Senate and therefore would be taken out from under your aegis as Assistant Secretary.

Dr. WINDOM. Yes. First, I believe if there is no problem existing, why get involved? Or, as they say, "if it is not broke, why try to fix it?"

I think the Commissioner of the Food and Drug Administration does an excellent job. However, I also think the coordination of the FDA along with the other agencies under the aegis of the Assistant Secretary for Health is the most efficient way to operate. So many of FDA's activities that relate to health, drug enforcement for example, also interrelate with other areas such as research or the work of the Centers for Disease Control. If they were separated from the direction of the Assistant Secretary for Health, I think that would lessen that opportunity for him to meld together these various agencies to work most effectively.

The CHAIRMAN. All right. What is your position concerning user fees in general, and in particular for the drug approval process?

Dr. WINDOM. We have heard questions for years from many people in the communities of science and medicine about why drugs aren't approved more quickly. They note that drugs which are available elsewhere in the world, and ask why are they not available more quickly here?

From what I am aware of, there have been staff limitations precluding the job from being done more quickly. Therefore, some form of support in the way of user fees would take nontax dollars and apply them to the program, so that people could be employed, equipment improved, and necessary research conducted and drugs could progress more rapidly through the process. Drugs could be available more quickly for the public use. This would benefit the public, and in turn, the companies which will help pay, are going to benefit from the gains of the time saved.

The CHAIRMAN. What would be your position concerning my Drug Price Competition and Patent Term Restoration Act of 1984 and its benefits? I will just add another thing. Do you believe that similar benefits should be made available for animal research and for animal drugs?

Dr. WINDOM. As far as the ability for the drug to become considered and meet the testing standards?

The CHAIRMAN. Sure.

Dr. WINDOM. I think they should be made available as soon as possible, and for veterinary medicine also, because they also need to have drugs that are newly available on the market for their programs. So if we can shorten that timespan, I think it will benefit both veterinary medicine as well as human medicine.

The CHAIRMAN. You feel the same, then, toward the actual patent term and the bill that we passed? You feel it has been a good bill?

Dr. WINDOM. Yes, sir.

The CHAIRMAN. OK. One of the important functions of your office is to oversee the licensing of drugs that receive some Government funding in the research stage.

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Now, these drugs, whether discovered in a Government laboratory or by a university or by a nonprofit organization, can provide significant public health benefits if they reach the marketplace. Now, in the past there has been some delay in the processing of license requests by the Department as well as an unnecessarily restrictive view of the law.

In 1984, I supported a new law which was authored by Senators Dole and DeConcini that strongly encourages life-of-patent licensing for Government-funded drugs, including drugs that were already licensed under prior law.

The new law also intended to speed up the licensing process. Now, because these drugs can be so useful to the public, I view this as a very important area of the Department's responsibilities.

Can I have your reassurance that you will implement procedures to fully carry out the intention of the 1984 law?

Dr. WINDOM. Yes, you do, sir. Yes, I certainly do want to carry out the intent.

The CHAIRMAN. Well, thank you. I have a lot of other questions, but I think I will just submit them to you and turn to Senator Nickles.

Senator Nickles. Mr. Chairman, thank you.

Dr. Windom, we welcome you before this committee. I am sure you will be back on several occasions. I think the President has made an outstanding selection, and I think you will do an outstanding job. I look forward to working with you.

We do have some challenges on a more parochial side that I will be getting with you in the future where we think some improvements can be made in health care services, in HCFA, and you-name-it, and reimbursement sides, and so on.

But we do look forward to working with you, and we welcome you to this committee.

Mr. Chairman, I have another committee, so I was really just stepping in to tell Dr. Windom that we look forward to working with you very much.

Dr. WINDOM. Thank you, Senator.

The CHAIRMAN. Thank you, Senator Nickles. I wanted to give Senator Nickles that opportunity.

Let me just ask a couple more questions, then, since Senator Kennedy is not back.

I have learned that the Department of Health and Human Services has instituted several programs to assist State and private sector efforts to provide help for the homeless in our country. Could you briefly describe those efforts and how you plan to coordinate your programs with other agencies of the Federal Government such as the Department of Agriculture and the Department of Housing and Urban Development.

Dr. WINDOM. In the Public Health Service, we do have several programs which will help in this area, such as the Community Support Program, which has been very effective. Having started out to be just a demonstration program, actually it has covered all 50 States now. Overall, there are some 14 other Federal agencies who besides HHS have involvement and responsibility to help take care of the homeless.

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I think the States have a responsibility in utilizing the block grants that come from ADAMHA, for example, which is in our agency. It is very important for the States to work in the local areas, too, to best implement ideas of how to satisfy the problems that face the homeless, which will vary from State to State. But I am certainly very concerned with that and wish to play a part in helping to improve it wherever we can.

The CHAIRMAN. Good. Our country is experiencing a problem which has been identified as "the feminization of poverty". At recent hearings in this committee on this issue, I learned that women in transition are at great risk with regard to health care for themselves and their children and that many of them often have inadequate health care.

Dr. Windom, do you have any suggestions on how the Government can better help the growing number of singleparent households, mainly headed by women?

Dr. WINDOM. This is a very significant problem, Senator, that is going to require a lot of effort and dedication of time. Teenage pregnancy is a problem. The mother is often uneducated and prior to the pregnancy was not well-informed. I think we need to work as best we can in areas in which we can educate and inform people before such problems occur. Once problems occur, we need to work within the local system to work out solutions. For example, if a woman has missed that prenatal care for some reason, hopefully, when it occurs again, she will be aware of the need for it. We must encourage them to work with their peers and help get others to become aware of services which are available. Again, I think it is very important for local, city, county, and State governments, along with Federal direction, to work together as a unit to help improve the situation.

The CHAIRMAN. Now, Dr. Windom, we are often asked up here to pay for costly new medical technologies. Yet many times we are not really certain whether they will be worthwhile. I for one just do not believe we should throw money at things just because it sounds like a good idea. I think we have got to look at the peripheral problems, the longterm problems and determine whether that money is going to be wellspent or not.

But in the past, it seems to me much of these evaluations have been done by both the Health Care Financing Administration and the National Center for Health Care Technology Assessment, which is now part of the National Center for Health Services Research.

What role do you see for the Public Health Service in evaluating new and complicated medical technologies such as in the area of organ transplantation, for instance?

Dr. WINDOM. I feel strongly, Senator, that these new technologies need adequate and thorough evaluation through testing and all the necessary implementations. They must go through a process to determine if they are going to be effective, if they will produce a benefit better than that which is already on the market, and if so, that there will be no harm or injury to anyone.

This is a very sophisticated technical approach, and I certainly support it and will work with employees at the National Center.

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The CHAIRMAN. All right. What suggestions do you have that will help the Surgeon General in his quest to have a smokeless society by the year 2000?

Dr. WINDOM. The Surgeon General and many others in our country are concerned about the hazards of smoking, about the disease consequences of smoking. I feel that the many medical groups behind this effort—such as the American Medical Association, have made inroads through their suggestions. Ideally, it would be well if none of us ever consumed a bit of smoke. However, I think practically speaking, we have got to realize that that behavior change is going to be an individual response. Hopefully, between now and 2000, we can make that transition. We are hopful we will meet that goal.

The CHAIRMAN. Now, as a physician, I am sure you realize the importance of our childhood immunization program and what that program plays in maintaining our Nation's health.

Dr. WINDOM. Yes, Senator.

The CHAIRMAN. I know Senator Hawkins has singularly led on this committee to try and resolve that particular problem, and we are still a ways from coming up with a bill that everybody can support to resolve it; she is working hard on it, and so am I and others.

Recently, two of the Nation's vaccine manufacturers raised the price of DPT vaccine dramatically, apparently in response to the cost of liability insurance and the potential exposures that they have to malpractice liability.

The impact of this price increase on the supply of the vaccines and childhood immunization rates put together may result in serious decreases in utilization.

As I have said, Senator Hawkins, myself and other members of this committee are committed to finding an equitable solution to the vaccine liability problem.

Now, will you work with us to ensure that the safe vaccines continue to be made available to children?

Dr. WINDOM. Certainly, Senator. That has been a concern to us in the practice of medicine. Just a year or so ago, there was a deficiency in the availability of the vaccine when we had to postpone the routine vaccination of children. It was feared then that we would have children going through life without any vaccine.

Now the situation has improved. We need a stockpile to have adequate vaccine on-hand. We realize that consequences of not vaccinating historically have occurred, and I hope that remedies for correcting that and handling those problems will be coming forth soon.

It is a very serious problem. In disease prevention, vaccination and immunization have played a very prime role in the healthy lives Americans have today.

The CHAIRMAN. Let me just ask one other question and then I will turn to my friend, Senator Simon. As you know, I worked hard to achieve the reauthorization of the National Institutes of Health. This legislation established two new entities at NIH—the National Institute of Arthritis, Musculo-Skeletal and Skin Diseases, and the National Nursing Center. I for one realize that budgets are tight

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and that this is difficult, but can I have your commitment for strong support of these two new research programs?

Dr. WINDOM. Yes, you do, Senator. I am aware of the work of the Arthritis Institute before; now it is a separate Institute, and certainly will continue its work in that area, because the problems of arthritis are so important. The Nursing Center has been established to incorporate nurses into the research programs.

The CHAIRMAN. Well, thank you. I have a lot of other questions, but I am just going to submit them in writing to you.

Let me turn to Senator Simon.

Senator SIMON. Thank you, Mr. Chairman.

One of my concerns is with NIH, to make sure that we are moving ahead in areas where we have real problems. If I can use a personal illustration, I got acquainted with someone who has cystic fibrosis. I made a routine inquiry here a few years ago to find out what was happening, and I discovered that research on cystic fibrosis was being cut back because of budget considerations.

It is, as you know, the largest genetic killer of children in the United States. I am pleased to say that we were able to get that budget cut reversed, and we are now doing more research.

I think it is important in your position that you stand up when you see serious deficiencies in research. You have a reputation for standing up. Do you intend to continue to do that?

Dr. WINDOM. Thank you, Senator Simon, I certainly do. I want to stand forthright for research, because without the progress that we have had through the research developments over the years, we would not have the health we are now able to enjoy. As problems come up, such as the one to which you referred, we will certainly need to address them and hopefully be responsive to needs for financial support.

Senator SIMON. I will also be responsive. I will lobby you for a minute here since this is our chance to do that—as I look at the overall areas of research expenditures, one of the areas that really is short at this point is mental health research, an area where huge numbers are affected, and where we are starting to make some significnt breakthroughs. My own instinct is we ought to be paying more attention to that.

Do you have any reflections in that area?

Dr. WINDOM. Well, I think we are making efforts to spend more money on such research, particularly on what we may consider an epidemic in this century—Alzheimer's disease, a very prominent form of dementia. Mental problems and dealing with the care of the patient, among many other things, have received a great deal of attention. The contribution of funds from the National Institute on Aging has also played a very important role in this area.

In my State of Florida, the State legislature has appropriated money; along with the medical schools, they are working toward a solution of this problem just within the State, without Federal support.

So I think we need to work in cooperative efforts like that and to continue looking into the causes of such diseases. It takes time to come up with those results, but there is a very strong effort going on, and I would endorse that effort continuing.

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Senator SIMON. Let me make one final suggestion, as one who has observed things here on the Hill for about 12 years.

When you feel that a decision by OMB is not the right decision, I would simply urge that you not make public statements denouncing OMB—if you feel real strongly, you should do that—but I think conveying your thoughts candidly to some of us who are in the Senate and the House, if you think things are not going as they should in the national interest, I think your responsibility is to the public as a whole.

I am sure on the basis of your background, you feel a responsibility to the public and you will conduct yourself in that way.

Dr. WINDOM. I certainly will, Senator. I want to thank you for that comment, because I feel that the cooperation of the Congress, the OMB, the administration, and the public sector is necessary; all of us are responsible for the bottom line of the health of Americans.

So I will need all the support I can get and will work with you. I hope we come up with the best answers; there should be no problem there.

Senator SIMON. I thank you and wish you the best.

I have no further questions, Mr. Chairman.

The CHAIRMAN. Well, thank you, Senator Simon.

I think what we will do is recess until Senator Kennedy can be here. I hope he will be here within the next 10 minutes.

Thank you.

[Short recess.]

The CHAIRMAN. We are happy to call the committee back to order, and we are very happy to turn the time over to Senator Kennedy, and we will try and finish the hearing as soon as we can. Senator.

Senator KENNEDY. Thank you. I appreciate the courtesy of the Chair. We were over, announcing an initiative called WORK which is a national program following the WIN success that has been developed in a number of States. A lot of the consolidation and coordination will be focused over in HHS. I know it is not directly related in terms of your responsibilities, but there are other features of it, health components of it, that I think are important provisions.

I apologize to you, Doctor, for the delay and I appreciate the courtesy of the Chair.

I did not hear your response to the others, and I do not want you to repeat them, but I identified in my opening statement some of the areas of importance, and I would be interested if you would like to talk about some of those matters.

I might first of all take the whole question of research, biomedical research, and the priorities you give that. What views do you have about that?

Dr. WINDOM. Well, Senator, first of all, I am very pleased to have the opportunity to be here with you today.

The question of research is a very important one. On my part, back in the late fifties in the last part of my training, I served in the research area. I realized how important basic science is to our advances in medicine.

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The National Institutes of Health, of course, are the hallmark of our research efforts for the country. We have benefitted from those results and I certainly want to continue praising and supporting those efforts.

I realize that there may be some areas where there might be some restrictions, but they must be looked at individually when the time comes. The NIH is a very vital part of our total health care system; if we did not have research, we would not have its benefits to carry out to health care delivery.

Senator KENNEDY. Well, that is certainly true. I was trying to get some sense of the flavor of the priority that you would give to biomedical research. We have had scarce dollars, obviously. But given the possibilities of major breakthroughs, I am just wondering whether those that are strongly committed to a vigorous kind of a research program are going to find in you a very powerful advocate; or, are you satisfied with where the administration has placed research in terms of its financial priorities?

Dr. WINDOM. I am a very strong supporter of funding research with available resources and encouraging increasing funds wherever we can. And I know over the years there has been a gradual increase in the funding for the National Institutes of Health, which I think has reflected concern in that area.

In your initial statement, you mentioned one out of four grants get approved, or one out of four research scientists have grants approved. That is true, but the research scientists also have other avenues to approach for funds.

I am proud to say that in Florida we have had volunteer dollars go for endowed chairs in research and attract a lot of people just from this voluntary health agency support. But again, the No. 1 agency is the National Institutes of Health.

Senator KENNEDY. We had last year the proposal from the administration for cutting back the number of new and competing grants—they went from 6,100 to 5,400 grants. At this time, you are not prepared to suggest where you might see some reductions in the health budget that might be more focused in the areas of research?

Dr. WINDOM. At this moment I am not, Senator. I certainly will look into that and will get back to you at a later time.

Senator KENNEDY. Have you given any thought to the problems or the opportunities for strengthening the quality of health for both the migrant workers and the Indians?

Dr. WINDOM. That is a very major concern of mine, particularly in Indian health care. There are problems of alcoholism and drug abuse, and that consequently leads to death in a great majority of the young people, much more in that particular segment of our population than any other. The migrant workers are suffering the same problems. I wish to direct attention there and see if we cannot work out a better mechanism to solve that.

Of course, one of the main problems is a lack of opportunity for employment in areas populated by Indians. This results in their free time and consequently affords them greater opportunities for alcohol and drug abuse.

We are having success with the migrant worker situation in Florida—and we do have a large number of migrants in encourag-

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ing local health departments, working in cooperation with local physicians, to provide care for those patients on a voluntary basis. This is a broad spectrum of problems in health delivery and needs constant surveillance.

Senator KENNEDY. I probably should have asked you earlier what do you believe are the most important health problems facing the American people today?

Dr. WINDOM. One of the main problems is probably the individual's lack of response, lack of knowledge in knowing what to do. We need to stress prevention. We have a wealth of information from research data and other information which is available in our Public Health Service to help direct people to healthy lives. So I think we really need to stress information transfer, education, to get individuals to respond to changing their habits. If we had that happen, I think we would find as a consequence that some 25 percent of the health dollars would not have to be expended.

I am concerned about the aging population and the problems they face. As we get an increasing number of people living in those years of life, they need to have guidance to help adjust. That is one area that is becoming more prominent in the activities of the Public Health Service.

Senator KENNEDY. So I gather disease prevention and health promotion and also the particular health problems of the elderly that you think are most important?

Dr. WINDOM. Yes, I am concerned about those very important areas. I am also concerned about indigent care for those who are not in the mainstream of receiving care. For example, in her presentation Senator Hawkins talked about the Senior Friendship Center Health Program in Sarasota, now elsewhere in our State, where indigent people who are in between Medicaid and Medicare are being seen by physicians, social workers and nurses who volunteer their time. They are getting care, and they are also being brought into the mainstream through that mechanism.

Senator KENNEDY. Are you familiar at all with a program to extend Medicaid coverage for expectant mothers up to the poverty level, endorsed by the Southern Governors, Republican and Democrat alike, and its impact in terms of well-baby care, reduction of low birth weight, and reduction of postnatal kinds of complications?

It is a very interesting proposal. We have a bipartisan group that has introduced legislation very close to that, including Senator Thurmond and Senator Hollings, myself, Senator Durenberger, and others, and I would like to write you a note about that if you are not familiar with it.

Can you tell us a little bit about how the pooling program has worked in Florida in terms of help and assistance to hospitals?

Dr. WINDOM. It is just recently underway in Florida. Hospitals that——

Senator KENNEDY. Could you describe it just a little bit for the record?

Dr. WINDOM. Yes. The hospitals in the State are contributing toward a State fund, and then——

Senator KENNEDY. First of all, can you tell us what the problem is.

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Dr. WINDOM. The problem is that often the indigent, the one who is not able to pay for services, goes to a community hospital, whether it be tax-based or not. The hospital is set up to take care of the indigent needs in that community. And they get the preponderance of individuals who cannot afford to pay. And the other hospitals, which are not equipped to take care of the indigent care, or of patients without adequate funds, often transfer them to other hospitals. They are dumped, so to speak.

The rationale behind the Florida approach is that when cases arise like that, there would be a pool of funds in the State so that that particular hospital could still handle that patient; it would be paid for through the State funds rather than putting the bulk of the burden on the one hospital oversupplied with the demand for that care.

Senator KENNEDY. And the State has developed a system to deal with that?

Dr. WINDOM. Yes, that is right, and all hospitals contribute to it.

Senator KENNEDY. Do you support it?

Dr. WINDOM. Well, I think this is one mechanism to help meet that problem. I think that we will need the input of others as we go along to see if it is going to be a satisfactory answer. I think we are not to the answer completely yet, so we will need cooperation from all concerned. Your input would be extremely important for us to look at.

Senator KENNEDY. What thoughts to you have on the medical malpractice problem?

Dr. WINDOM. Well, it is a very sad situation in many parts of our country. For 10 years now, Florida has been hit very hard with it, as have other States. Each year, we have been hoping that there will be some resolution through the tort system. Not only does it involve medical malpractice, but we see it involving product liability. It effects people in business, communities, governments, schools, for example, when they cannot continue their recreation programs.

It is a massive problem, Senator, as you are fully aware. I hope that you, in your wisdom, with others will come up with some resolutions that will help society, because we are losing doctors in the practice of medicine today.

Senator KENNEDY. I can be corrected by staff, but we had the figures from Florida where you had an extremely small percent—I think it was 3 percent—of the doctors who were responsible for about 47 percent of the claims.

Dr. WINDOM. That is right.

Senator KENNEDY. And we also had a hearing on this issue, and we found out that in some States, particularly in Utah, they have the most aggressive policing of quality control for the medical profession. My own State of Massachusetts was much less aggressive.

I am just wondering whether you think it is a burden on the medical profession to try and police quality and whether you have initiated anything in Florida to do so; or as a preaching physician what you think we ought to be thinking about, or not thinking about, regarding that question here in the Congress.

Dr. WINDOM. This accusation or claim that you make has been made against the profession for many years, and we who are con-

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cerned about it feel very helpless because we cannot respond the way we should or would like to.

As you know, we have no legal rights over our colleagues——

Sneator KENNEDY. Well, you have licensing.

Dr. WINDOM. That is not under the direction of organized medicine. It is under State control, a board appointed by the Governor and the legislature. We have no input at all. So, therefore, that is strictly out of the realm of our ability.

Howeier, I am proud to say in Florida, just 3 years ago, the figures showed that we disciplined and took away the license in percentage figures of more doctors than any place else. This was only superseded by the lawyers who were disbarred.

But still, we did have a large number of doctors who were taken away from the practice because of problems that they encountered.

Senator KENNEDY. That was primarily, though, because of problems with drugs and alcohol, I understand.

Dr. WINDOM. That was mostly in those cases, right.

Senator KENNEDY. But not because of questions of performance or competence.

Dr. WINDOM. We have tried to bring forth doctors to our medical societies for review, and we have found that Federal Trade Commission limitations have prevented us from doing that, to say, "You cannot do this in your practice," or saying "You are doing so-and-so." Then they do come before us, and then we have been sued.

We have had a case in one hospital now going on for 6 or 7 years; 90 percent of the doctors have been under suit because of a situation like this. The hospital board——

Senator KENNEDY. Related to quality, or related to the fact that they are out in an HMO or somewhere?

Dr. WINDOM. No. This is related to quality of care—not meeting the standards necesary to deliver care in that hospital.

So this threat of suit has been one reason that many times we have had to sit back. We have been the victims of these suits, and that is a harassment that is very difficult to tolerate.

Senator KENNEDY. Well, you probably will have to sit back, as a leader in the medical community. But I am not sure that we are going to have to as legislators. And the administration is not sitting back on this issue. We are going to be calling on you and your expertise to give us some guidance about how we are going to be able to deal with this matter.

Doctors in my State I know are hurting. I have just seen a recent report that shows that insurance companies made $2 billion, I think, over the last 4 years, in medical malpractice. And the premiums are going right up through the roof, and it is affecting a lot of doctors, certainly up my way.

We want to be fair. We have had different recommendations made by the administration on putting limitations on awards and other reforms but this is going to be an important issue, and you are going to have to speak to it, and we look forward to hearing you out on it.

Let me get into the area of training; how are we going to encourage getting doctors into the primary care fields? What ideas do you have on that?

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Dr. WINDOM. Well, in the last several years, there has been a trend toward increasing the number of physicians going into family practice programs compared to a few years prior to that——

Senator KENNEDY. Well, the Federal Government had a lot to do with that in terms of the structuring of the education programs.

Dr. WINDOM. That is true, and we need to continue the increase in this particular area of family practice and internal medicine. The need to get people into the mainstream has necessitated continued Government involvement, particularly for the rural areas with our National Health Service Corps, which has been successful in many ways and will continue to be reevaluated.

Senator KENNEDY. I am going to leave you with that statement and not test you out any more on the National Health Service Corps.

The CHAIRMAN. He figures he has got me in a bind on that.

Senator KENNEDY. No, you are quite right. It is a very significant problem, and it is complicated, and it relates to a lot of other different issues. What are the incentives to go into underserved areas and serve underserved populations?

I want to just flag that as well as other issues that we would like to work with you on.

If I could, I would like to submit other questions to elicit your views, and make them a part of the record.

We expect that you are going to be confirmed and want to have the opportunity of working with you. These areas of quality health are something that this committee is enormously interested in, as are others in the Congress. And as I mentioned earlier, you are going to be in the driver's seat in a variety of different policy questions, and we want to work with you in the best interests of all people.

I thank the Chair.

The CHAIRMAN. Thank you, Senator Kennedy.

Thank you, Dr. Windom.

I am going to put into the record statements by Senator Grassley, Congressmen Connie Mack and Andy Ireland, and submit some questions to you from members of the committee which we would like answered at your earliest convenience.

[The statements and responses to questions referred to follow:]

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STATEMENT BY SENATOR CHUCK GRASSLEY ON THE NOMINATION OF ROBERT WINDOM TO BE ASSISTANT SECRETARY OF HEALTH, WEDNESDAY, JUNE 4, 1986.

THANK YOU, MR. CHAIRMAN.

THE POSITION FOR WHICH WE ARE CONSIDERING DR. WINDOM IS ONE OF THE MOST IMPORTANT IN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. I AM SURE OUR HEARING TODAY WILL HELP US TO DETERMINE THE FITNESS OF DR. WINDOM FOR THIS POST. I LOOK FORWARD TO OUR DISCUSSION WITH DR. WINDOM FOR THE BETTER UNDERSTANDING IT IS SURE TO GIVE US OF HIS QUALIFICATIONS AND THE PRIORITIES HE WILL SEEK TO ESTABLISH FOR THE PUBLIC HEALTH SERVICE.

THANK YOU, MR. CHAIRMAN. I MAY HAVE SOME QUESTIONS FOR THE WITNESS.

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CONNIE MACK
13TH DISTRICT, FLORIDA

COMMITTEE ON THE BUDGET
COMMITTEE ON FOREIGN AFFAIRS

Congress of the United States
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May 30, 1986

The Honorable Orrin G. Hatch
Chairman
Committee on Labor and Human Resources
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

I would like to take this opportunity to comment on behalf of Dr. Robert E. Windom, whose name is pending before you for confirmation as the Assistant Secretary for Health at the Department of Health and Human Services. I would greatly appreciate your including this letter in the Committee record.

I have known Dr. Windom for many years, and count him among my most valued and respected friends. He enjoys an enviable reputation for bringing talent, skill and tireless dedication to all activities he pursues.

Bob has an extensive record of experience in professional as well as civic affairs. He has been active in Florida medical and health care organizations for many years and is well recognized statewide for the service and leadership he has provided. Dr. Windom is a past President of the Sarasota Chamber of Commerce, and has undertaken other civic duties too numerous to name here.

Highly respected by his professional colleagues, he served on President Reagan's transition team for the Department of Health and Human Services. He also has served as a liaison to the American Medical Association and as a member of the Legislative Committee of the Florida Medical Association. Finally, Bob is on the Medical School faculties of both the University of Miami and the University of South Florida.

In short, Bob Windom is an outstanding physician, a distinguished educator, and an active, involved citizen. While he will be greatly missed in Florida, our loss will be the nation's great gain. I wholeheartedly endorse his confirmation for Assistant Secretary and know he will serve this nation and our President well.

With warmest regards,

Connie Mack

Connie Mack

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REMARKS OF THE HONORABLE ANDY IRELAND

ON THE NOMINATION OF ROBERT E. WINDOM, M.D.

TO BE ASSISTANT SECRETARY

OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

June 4, 1986

Mr. Chairman, I am grateful for this opportunity to comment on the nomination of Dr. Robert Windom to be Assistant Secretary of the Department of Health and Human Services for Health. Prior to the 1980 redistricting, Sarasota, Florida, Dr. Windom's home, was a part of my Congressional District. Over the years Bob and I have become close friends through our association on a number of community-based projects. Despite the change in District lines, Bob and I have remained in close contact through his work with the Florida Medical Association.

I was extremely pleased that President Reagan chose to nominate Bob Windom for a position of such significance where our nation's physical health is concerned. I have no doubt that Bob can and will carry out the functions and responsibilities of this office to their highest levels. He certainly posseses the qualities of leadership and organization so necessary and I believe his professional qualifications are unparalleled.

I commend Dr. Windom to the Members of this Committee and hope that his nomination will receive speedy consideration and approval by the Committee and the Senate.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

June 16, 1986

The Honorable Orrin Hatch
Chairman
Committee on Labor and Human Resources
United States Senate
Washington, D.C. 20510

Attention: James Powell

Dear Mr. Chairman:

Enclosed please find the questions for the record of the hearing on the nomination of Dr. Robert Windom as Assistant Secretary for Health. The edited transcript will be forthcoming shortly.

Please let us know if you have any questions about this.

Sincerely,

Patricia Knight
Acting Deputy Assistant Secretary
for Legislation (Health)

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Senator Hatch

Alcohol and Drug Abuse Related Questions

Q: The Alcohol, Drug Abuse and Mental Health Administration has provided our Nation with leadership on ways to prevent illness associated with alcohol and drug abuse. Do you support continuation of these efforts, especially through continued funding of ADAMHA's clearinghouses which provide valuable resources to our Nation's citizens on the hazards of substance abuse?

A: I strongly believe that prevention activities particularly in the areas of alcohol and drug abuse, are central to our ability to improve the health of this Nation's citizens. The ADAMHA clearinghouse functions are an integral part of the prevention efforts of the Public Health Service and will certainly have continued support within available agency resources.

Alcohol Warning Labels

Q: The Senate Committee on Labor and Human Resources recently approved legislation to require rotating alcohol warning labels to be placed on all alcoholic beverages. This amendment by Senator Thurmond, provides warnings concerning fetal alcohol syndrome, hazards with combining drugs and alcohol, ill - health effects of alcohol abuse and the dangers of drinking and driving. Have you reviewed this legislation and would you recommend its enactment?

A: I have not reviewed this particular legislation. However I do know that in 1980 the Department of Health and Human Services and the Department of Treasury published a joint report on the Health Hazards Associated with Alcohol and Methods to Inform the General Public of these Hazards. The report stated that "the Departments agreed it would be premature to recommend warning labels for alcoholic beverages at this time." The report discussed the considerations for this conclusion including whether risks could be effectively communicated through labeling since the health risks are different for different population subgroups.

I believe that more needs to be done to communicate the risks of alcoholic beverages. This health information will need to be delivered through a multifaceted campaign that is targeted to the various groups at risks, for instance, a radio dee-jay campaign designed to reach the 13-18 year old audience. I think that whatever information campaign we pursue, it will be most important to build strong support for campaign objectives among community level leaders, civic leaders and the like.

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Senator Hatch

Family Planning Related Questions

QUESTION

Currently, family planning programs and teenage pregnancy programs are administered by the Deputy Assistant Secretary for Population Affairs. Is it your intention to retain the management of these programs through the DASPA?

ANSWER

I have no plans to change the management of these programs.

QUESTION

There are concerns that not enough is being done concerning the development of new and safe contraceptives. What are your current plans in this area?

ANSWER

The National Institute on Child Health and Human Development (NICHD) is the lead agency in the area of contraceptive development. I understand that NICHD is supporting several contraceptive development clinical trials including the testing of new oral contraceptives. NICHD research also involves the development of new drugs to regulate fertility in both sexes; the development of improved methods of drug administration; and the improvement of barrier methods of contraception.

In 1986, NICHD launched a major initiative to support research leading to development and improved use of contraceptive methods that are effective, safe and acceptable in terms of convenience and cost. In 1986, NICHD will spend $7.48 million on contraceptive development and plans to spend $11.77 million in 1987 in this area.

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Senator Hatch

INFANT MORTALITY RELATED QUESTIONS

Q: While it is true that infant mortality in the United States has declined slightly over the past few years, we still remain behind other developing nations in reducing infant deaths under the age of 12 months. Dr. Windom, do you have any plans or suggestions on how we can effectively maintain this downward trend?

A: As a physician, I believe that a healthy start promotes a healthy life. Although our infant mortality rate is fourteenth among industrialized nations, I think it is critical that we not lose sight of the fact that infant mortality rates have declined by almost fifty percent since 1970. I question the assumption that infant mortality rates are capable of dropping at the same rate in future years as in recent years. Recent progress in reducing infant mortality is due to factors which, in combination, have grossly improved this nation's ability to foster and maintain a healthy first year of life. Some of these factors include improved maternal nutrition, improved prenatal diagnostic and treatment approaches, neonatal intensive care, and regional perinatal care. I intend to work with states and Congress to develop an understanding of factors associated with infant mortality which are currently puzzling. I plan to continue PHS efforts in place to examine the cause and prevention of low weight (the major cause of sickness and death before age one), the epidemiology of infant death, and the factors associated with racial disparity in infant mortality rates.

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Senator Hatch

Adoption Services

QUESTION

As a leading advocate of adoption services, I was pleased when this Committee approved legislation allowing family planning providers to expand their adoption services. Do you support expansion of adoption education and training efforts for family planning providers?

ANSWER

Adoption is an extremely important activity. I am aware that the Office of Population Affairs, which is responsible for the Title X program, is looking at ways to improve the knowledge and capabilities among Title X grantees in order to strengthen the adoption component of the program. OPA has developed and distributed a directory which includes information on adoption service providers. Also a guide book on adoption is being produced and will be provided to Title X grantees. I feel that these efforts to promote adoption within the family planning program are beneficial.

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Senator Hatch

HOMELESS/POVERTY-RELATED QUESTIONS

Question: I have learned that the Department of Health and Human Services has instituted several programs to assist State and private sector efforts to provide help for the homeless in our country. Could you briefly describe those efforts and how you plan to coordinate your programs with other agencies of the Federal government, such as the Department of Agriculture and the Department of Housing and Urban Development?

Answer: Senator, you are correct that the Department of Health and Human Services (HHS) has undertaken a number of activities to foster efforts to aid the homeless in our country. These efforts have been mounted under the aegis of the Federal Task Force on Food and Shelter for the Homeless, an inter-agency group founded by the HHS Secretary in October of 1983.

The Federal Task Force is chaired by HHS and includes representatives from over a dozen other Federal agencies, including the two you mentioned: the Department of Agriculture and the Department of Housing and Urban Development (which is vice-chair). The Task Force meets regularly to share information and craft a future agenda.

The basic philosophy underlying the work of the Task Force is that the Federal government can serve as a catalyst for community and private sector efforts to help the homeless. The Task Force has worked with the Agriculture and Defense Departments, for example, to provide food to the homeless through food banks, and as another example, with HUD and Agriculture's Farmers' Home Administration to provide single-family homes in their inventories to be used as shelter.

It is important to note that there are many HHS programs through which the homeless are aided: the Runaway and Homeless Youth program; the Social Services Block Grant; and in the Public Health Service community health centers and the Alcohol, Drug abuse and Mental health block grant. There is also a wide range of entitlement programs for which many of the homeless are eligible. These include: Medicare; Medicaid; Supplemental Security Income; Social Security Disability Insurance; and Veterans cash and medical benefits.

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Senator Hatch

HOMELESS/POVERTY-RELATED QUESTIONS

Question: Our country is experiencing a problem identified as the "feminization of poverty". At recent hearings in this Committee on this issue, I learned that women in transition experience are at great risks with regard to health care for themselves and their children, and often have inadequate child care. Dr. Windom, do you have any suggestions on how the government can better help the growing number of households?

Answer: I recognize the problem that you have mentioned, Senator. The number of single-parent households in the United States is of great concern. As you may be aware, Secretary Bowen has recently established within the Department of Health and Human Services a new "Family Support Administration", which brings together key programs aiding the low-income. I feel that this will aid immeasurably in our efforts to strengthen HHS programs with an eye toward the refocusing assistance on the family unit.

While the Public Health Service is not a part of the Family Support Administration, a member of my staff, the Deputy Assistant Secretary for Population Affairs works closely with the new operating division on a key project of mutual interest--ways to address the problem of teen pregnancy. There are other ways in which the Public Health Service works to promote the health of mothers, especially low-income mothers. A good example is the Maternal and Child Health program. Other PHS programs which provide assistance to low-income women are the Community Health Centers and the family planning programs. You may be interested to learn that the Department has estimated that overall about 54% of its $346 billion budget is spent on women.

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Senator Hatch

HOMELESS/POVERTY-RELATED QUESTIONS

Question: There is a great need in our nation to review and reevaluate our Federal welfare policies. Because many of the agencies that you will administer provide services including education to low-income citizens, do you have any suggestions on ways to improve delivery of services to this population? Will you be providing input to the President's commission studying ways to improve our welfare system?

Answer: While the Public Health Service does not have the lead in the Department on programs primarily assisting the low-income, such as Aid to Families with Dependent Children (AFDC), as you mentioned, PHS does provide services through a number of programs to low-income individuals. I look forward to working with Secretary Bowen and other Department senior staff in reviewing the totality of HHS' programs assisting the low-income and making recommendations to fulfill the President's mandate. I would certainly be interested in carrying your views on this important topic back to the Department for active discussion.

HEALTH CARE TECHNOLOGY RELATED QUESTIONS

Q: Dr. Windom, we are continuously asked to pay for costly new medical technologies, yet we are not certain if they are all worthwhile. In the past, much of these evaluations have been done by both the Health Care Financing Administration and the National Center for Health Care Technology Assessment (now part of the National Center for Health Services Research). What role do you see for the Public Health Service in evaluating new and complicated medical technologies, such as organ transplantation?

A: Since 1982 NCHSR/HCTA has assumed responsibility for the PHS, of providing recommendations to HCFA, based on review of scientific and clinical findings. These recommendations are used by HCFA in making coverage determinations for the Medicare program. NCHSR works closely with NIH, FDA and other PHS agencies as appropriate. In the case of organ transplantation where other coverage issues which require policy formulation and review NCHSR provides information to the Assistant Secretary for Health which summarizes the status of organ transplantation develops. I would intend to continue this process.

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Senator Hatch

Smoke Free Society Related Questions

Q: Dr. Windom, what suggestions do you have to have to help the surgeon General Achieve his lotty goal of a smoke free society by the year 2000?

A: Although we have a very long way to go I think we should be encouraged by the progress we have made in reducing cigarette smoking to levels currently found in our society. Today only 30 percent of adults are regular smokers - down nearly 40 percent, and adolescents too appear to be reducing their use of cigarettes. I am committed to continue and enhance the Department's efforts of education and information designed to help existing smokers to quit and to encourage our young people not to adopt the behavior. The problem of smoking and health, however, cannot be left to government alone. It will require the energies and resources of all levels of society if we are to reduce the more than 300,000 premature deaths caused by cigarette smoking each year in this country.

Medical Education Support

QUESTION

What role do you believe the Federal Government has in funding medical education? Does the projected surplus of health care providers indicate we should withdraw all public support for health professional students and schools?

ANSWER

Over the past 20 years, the Federal Government has contributed to the funding of medical education through aid for student loans and scholarships, operating support for educational programs, construction aid, biomedical research support, and health service cost reimbursement, among other mechanisms. This support has, by and large, served its purpose. With the Nation now facing a surplus of health professionals, these programs should be drastically scaled-back. The Federal Government may have a role should special needs arise from time to time in the future, but non-Federal entities should also share this responsibility.

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Senator Hatch

HEALTH MANPOWER-RELATED QUESTION

QUESTION

Who should pay the cost of a physician's education today -- the Federal Government or the individual?

ANSWER

Historically, medical education has been funded from an array of sources, including the individual student, the educational institution, private contributors, State and local governments, and a number of different Federal programs. This multiple-source pattern of financing can be expected to continue, although the particular share of costs met from each source is likely to change as educational needs and financial capabilities evolve. I believe the Public Health Service should keep informed about these circumstances and participate as appropriate in helping to address the issues.

VACCINE COMPENSATION RELATED QUESTION

Vaccine Liability

QUESTION

Dr. Windom, as a physician I'm sure you appreciate the importance that our childhood immunization program plays in maintaining our Nation's health. Recently, two of the Nation's vaccine manufacturers raised the price of DPT vaccine dramatically, apparently in response to the cost of liability insurance. The impact of this price increase on the supply of vaccines and childhood immunization rates may result in serious decreases in utilization. Senator Hawkins, myself and other members of this Committee are committed to finding an equitable solution to the vaccine liability problem. Will you work with us to ensure that safe vaccines continue to be made available to children?

ANSWER

Mr. Chairman, I believe that childhood immunizations and indeed adult immunizations, are tremendously important in preventing disease and protecting the public health. I understand that the liability problem has been cited as the reason for significant increases in the price of vaccines, especially the DPT vaccine, and you have my promise to work with your Committee to ensure that safe vaccines continue to be made available.

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Senator Hatch

AIDS QUESTION

QUESTION

Dr. Windom, what is your estimation of the success of our Government's efforts to combat AIDS? What else needs to be done to control and eliminate this disease?

ANSWER

I feel the PHS has undertaken an extraordinary effort in combatting this modern day epidemic and that great progress has been made to date. I understand that PHS is now meeting at Coolfont, West Virginia to review its current plan for prevention and control of AIDS with the leading experts in the field. I look forward to their revised strategy as the new blueprint in our fight against AIDS.

NATIONAL INSTITUTES OF HEALTH

Question: As you know, I have worked hard to achieve reauthorization of the National Institutes of Health. This legislation established two new entities at NIH - a National Institute of Arthritis and Musculoskeletal Diseases, and a National Nursing Center. I realize that budgets are tight, but can I have your commitment for strong support of these new research programs?

Answer: I am well aware of your support for the NIH, Senator, and in particular the Arthritis Institute and the Nursing Center. I assure you that I believe we must maintain strong biomedical research efforts and I expect support for these important activities to continue.

Let me also take this opportunity to assure you that implementation of the two programs is well underway. The establishment and organization of the new Institute has been published in the Federal Register, and an acting director is in place. An acting director has also been designated for the Nursing Center, and nine full-time equivalent employees (FTEs) have been transferred to it from the Health Resources and Services Administration. The organizational structure and budget are currently being reviewed by the Department.

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Senator Hatch

PROFESSIONAL LIABILITY QUESTION

Question: As you know, professional liability has created a crisis in health care in our country - it is preventing some of our most needy citizens from receiving quality health care, and driving some physicians and other health professionals out of the practice of medicine. In your opinion, what can we do to solve this growing problem?

Answer: I share your concern. As a physician in Florida, I witnessed some of the worst manifestations of this crisis, and I have also seen the extremely creative approach the State took to craft a solution which addresses many aspects of the problem. In Florida, the State legislature has made significant reforms in tort liability and also attempted to create mechanisms for reducing the incidence of malpractice.

At the Federal level, as you may be aware, a Task Force on Medical Malpractice Liability, part of the Domestic Policy Council Working Group on Tort Policy, is currently the Administration's focus for considering the problem and whether there should be national legislation. In addition, Secretary Bowen recently established an HHS Task Force on Medical Liability and Malpractice, which is chaired by the General Counsel.

Also, I am aware of the congressional interest, including the Chairman's own bill, S. 1804. I am very interested in this issue and expect to be following it closely.

FDA-RELATED QUESTIONS

QUESTION

What is your position concerning user fees in general and in particular for the drug approval process?

ANSWER

Mr. Chairman, I believe that those who receive Government services which result in an economic benefit to them should pay for those services. In the case of drug application fees, it is my understanding that such fees will go directly into the drug approval program and be used to improve the process and reduce the time required for approval. In this time of tight budgets and large deficits, I believe the pharmaceutical industry should share the burden.

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Senator Hatch

FDA Related Questions

QUESTION

One of the amendments to the Drug Export Bill which passed the Senate on May 14, makes the position of FDA Commissioner a presidential appointment with confirmation by the Senate. Under this amendment the FDA Commissioner no longer reports to the Assistant Secretary for Health. What is your attitude toward this?

ANSWER

I have serious reservations about this amendment. The old maxim "if it ain't broke, don't fix it" comes to mind.

I believe that the Food and Drug Administration should continue as a subpart of the Public Health Service, reporting to the Assistant Secretary for Health, who in turn reports to the Secretary. This coordination of policy-making is necessary.

FDA is a science-based agency concerned with public health by assuring that drugs, biologics, and medical devices are safe and effective, and that foods are safe and wholesome. There are countless areas of overlapping concern with other agencies such as CDC, NIH and ADAMHA where each agency's mission is enhanced by the close working relationship. I can name such issues as AIDS, nutrition, orphan drug development, biotechnology and drug abuse where the FDA works closely with other PHS agencies and the Office of the Assistant Secretary for Health. This working relationship would be substantially diminished if FDA were effectively taken outside of the PHS.

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Senator Hatch

FDA-RELATED QUESTIONS

QUESTION

What is your position concerning the Drug Price Competition and Patent Term Restoration Act of 1984 and its benefits? Do you believe similar benefits should be made available for animal drugs?

ANSWER

Mr. Chairman, I believe the Drug Price Competition and Patent Term Restoration Act of 1984 achieved a significant dual purpose in that it enabled generic drugs manufacturers to get their products to the market more quickly and cheaply through the abbreviated new drug application process while at the same time granting manufacturers of pioneer drugs additional time on their patents to make up for time lost during the FDA clearance process. I believe the law is working well. I can see no reason why the this same situation should not apply to animal drugs with the same kind of trade-off between the pioneer and generic industry.

Patent Licensing

QUESTION

In the past, there has been some delay in the processing of license requests by the Department, as well as an unnecessarily restrictive view of the law. In 1984, I supported a new law authorized by Senators Dole and DeConcini that strongly encourages life of the patent licensing for government funded drugs, including drugs that were already licensed under prior law. The new law is also intended to speed up the licensing process.

Because these drugs can be useful to the public, I view this as a very important area of the Department's responsibility. Can I have your assurance that you will implement procedures to fully carry out the intent of the 1984 law?

ANSWER

Yes, I can assure you that I will carry out the intent of the law. Requests for approval to extend license terms will be granted whenever contractors and licensees are acting expeditiously to make the invention available to the public. In the interest of sound public health policy our involvement is that of understanding the commitment of these parties and monitoring their progress in bringing valuable drugs to patients in a timely and cost effective manner.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

June 16, 1986

The Honorable Lowell Weicker
United States Senate
Washington, D.C. 20510

Attention: Dr. Steve Bongard

Dear Senator Weicker:

Enclosed please find the responses to the questions you submitted in connection with the hearing record on the nomination of Dr. Robert Windom as Assistant Secretary for Health. These responses are also being provided to the Committee on Labor and Human Resources.

Please let us know if you have any questions.

Sincerely,

Trisha Knight

Patricia Knight
Acting Deputy Assistant Secretary
for Legislation (Health)

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Senator Weicker

Senior Scientists Salaries

Question:

Salaries for senior scientists at the National Institutes of Health and the Alcohol, Drug Abuse and Mental Health Administration are not nearly competitive with universities and private industry. NIH has indicated that senior scientists are leaving for higher paying positions. Do you have any plans to review salary levels for NIH and ADAMHA personnel?

Answer:

It is true that the major recruitment and retention problem for the research institutes is meeting their needs for senior-level scientific leaders. I understand that the Administration is preparing legislation which is based on the Navy's successful China Lake experiment and which is designed, among other things, to addresss the need to be more competitive with regard to engineers and scientists. I, with the NIH and ADAMHA, will certainly be working to ensure that the proposal meets our needs.

NIH--Percent Funding of Grant Proposals

Question

The Administration's FY 1987 budget would only support 28% of peer-reviewed grant proposals. Do you feel that funding only one in four of scientifically reviewed research grant proposals is good policy as far as the health of the American people is concerned? Do you have any plans to review this policy with an eye toward recapturing any lost research opportunities?

Answer

Although not equal with historical levels of funding of approved grants, nevertheless the budget does allow the NIH to support the best qualified scientists and the highest priority research projects as judged by the scientists themselves through the peer review system. With regard to the latter question, the Department currently is developing the FY 1988 budget and within that process I expect to examine the research priorities of the NIH as well as those of the other programs of the Public Health Service. I am well aware of your concerns, Senator, and you may rely on me as a strong advocate of biomedical research.

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Senator Weicker

GERIATRIC TRAINING

QUESTION

The Director of the National Institute on Aging has testified before my Subcommittee on Labor, Health and Human Services and Education Appropriations that the 65-year-old population will double by the year 2000. Our 85-year-old population will double by the year 2000. Recognizing that we are not prepared to deal with such a drastic increase in our elderly population, I started a geriatric training initiative in 1985 with $5 million. The Administration has proposed to eliminate this program for fiscal year 1987. What is your view of the Administration proposal? What do you believe we should be doing to prepare for the health needs of this increased number of older people who will need care?

ANSWER

I am greatly concerned that this Nation have an adequate supply of health professionals training to provide care to the elderly. I am encouraged by the enthusiasm with which educational institutions, professional groups, and others have responded to the geriatric training initiative started in FY 1985. I am aware the Department is currently conducting a study on the adequacy and availability of personnel to meet the current and projected health needs of elderly Americans through the year 2020. The report on this study is due to be submitted to the Congress by March 1, 1987, and I will of course be interested in reviewing its findings and conclusions.

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Senator Weicker

COMMUNITY HEALTH CENTERS, MIGRANT HEALTH, AND NATIONAL HEALTH SERVICE CORPS

QUESTION

Recent statistics show that there are 35 million people who are uninsured. This number is steadily increasing, yet the Administration constantly recommends a decrease in funding for the Community and Migrant Health Centers and the National Health Service Corps, which are specifically designed to help meet these needs. These are very important safety net programs which are the only means of health care for millions of the uninsured and medically underserved and which are of deep concern to this committee.

How do you feel about these programs, and what would you propose to do to help us assure access for quality health care to the uninsured and those residing in medically underserved areas?

ANSWER

The Community Health Centers and Migrant Health programs are important safety net programs. They are sources of primary health care for over five million medically underserved people. I am aware that Community Health Centers are established in areas where substantial numbers of persons lack access to care due to geographic, financial or population-group reasons, and Migrant Health Centers are established in areas with substantial numbers of migrant and seasonal farmworkers.

At present, these programs are funded at the full amount of their authorization levels. The National Health Service Corps (NHSC) is presently funded at a level adequate to utilize all NHSC scholarship obligors who owe service as health professionals. I believe the Community and Migrant health programs should continue, as I know they have done, to assure that third-party payments are used most efficiently. I also believe that their emphasis should continue on cooperative agreements with States to coordinate with other primary programs. I believe that States are capable of assuming more responsibility and that this should be a factor in policy-making deliberations.

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Senator Weicker

HEAL CEILING

QUESTION

As Chairman of the Labor, Health and Human Services and Education Appropriations Subcommittee, I inserted bill language last year to ensure that the Office of Management and Budget would adhere to the loan guarantee ceiling of $275 million for Health Education Assistance Loans (HEAL). At this time it appears that the problem with OMB's apportionment of funds for the program has been resolved, but the Administration now seeks to reduce the amount of financial assistance available to medical students to $100 million. Do you agree with the Administration's proposal to reduce the amount of loan funds available? How do you believe a reduction would affect the ability of middle and lower income students to finance a medical education?

ANSWER

The HEAL program serves as a means of allowing health professions students to obtain non-Federal subsidized educational loans at market rates of interest from non-Federal lenders. I do not believe the program was intended to involve any on-budget cost to the Government, but I understand that insurance premiums have been charged to cover costs for claims against the Government on account of failure to repay loans. Recently, despite increases in insurance premiums, the cost of paying claims has risen to a point that has raised concern about the future solvency of the program's Student Loan Insurance Fund. It appears that the proposed limit on total HEAL borrowing would have mixed effects. It would reduce the potential drain on the Insurance Fund at such time as the loans currently being made come into repayment. In the short run, any substantial reduction to HEAL guarantee authority could work a hardship on some students who would have to look elsewhere; in the long run, such students would benefit from the continuation of the program on a fiscally sound basis.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

June 16, 1986

The Honorable Edward Kennedy
Ranking Minority Member
Committee on Labor and Human Resources
United States Senate
Washington, D.C. 20510

Attention: David Nexon

Dear Senator Kennedy:

Enclosed please find the responses to the questions for the record submitted by the minority in connection with the June 4 hearing on the nomination of Dr. Robert Windom as Assistant Secretary for Health. These responses have also been provided to the Committee on Labor and Human Resources.

Please let us know if you have any questions about this.

Sincerely,

Patricia Knight
Acting Deputy Assistant Secretary
for Legislation (Health)

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Minority Senators

LACK OF HEALTH INSURANCE

Question: The number of people without any health insurance has grown 42 percent, from 26 million to 37 million, just since 1980. Do you think it is fair to call this a crisis?

Answer: I think the statistics which you cite are cause for concern by all who play a role in our Nation's health care delivery system.

The issue of health care for those who are unable to pay is receiving increasing interest in light of the rapidly changing health care environment. As you know, a variety of inter-related forces have an impact on that environment. A major force is the cost-containment climate, which has had a profound impact in both the private and public sectors.

I believe that the Assistant Secretary for Health has a responsibility to advocate measures to improve the health status of all Americans, and that philosophy will guide me in our deliberations on this issue.

I would note that Secretary of Health and Human Services Otis Bowen is conducting a wide-ranging study on catastrophic health care costs which, of course, has a bearing on this issue. As Assistant Secretary for Health, I would serve as a member of the Executive Advisory Committee for that effort.

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Minority Senators

HEALTH CARE FUNDING

Question: Despite these disturbing trends, the Administration has proposed billions of dollars in Medicaid cuts, supported draconian cuts in the budgets of the Community Health Centers, and proposed to phase out the National Health Service Corps. Don't you think the Federal government has the responsibility to assume a leadership role in dealing with this crisis?

Answer: While I was not a participant in crafting the FY 1987 budget, I recognize the fiscal constraints which led to development of its priorities. I am sure that the choices were not easy. At the same time, I recognize and share your concerns that the Federal government must take appropriate efforts to ensure that we have a cohesive, national health policy.

I know that the Public Health Service does provide services to low-income individuals through the Community Health Centers and National Health Service Corps programs, which you mentioned, and through the Hill-Burton and Indian Health Service programs. This is evidence of a Federal role, even though funding may not be as high as some might want.

It should be noted that a number of States are taking the lead in developing policies and programs to address the issue of providing those who cannot afford it with health care. This State action should be commended.

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Minority Senators

HEALTH INSURANCE FOR THE UNEMPLOYED

Question: Would you support Federal efforts to expand health insurance coverage for the unemployed and those who cannot get private health insurance because of health status?

Answer: As I previously noted, there are a number of Federal programs which provide health care to individuals who are in need, among them the Community Health Centers, Medicaid, and Hill-Burton programs. I am also aware of the so-called "continuation of coverage" amendment enacted as part of the Consolidated Omnibus Budget Reconciliation Act. That amendment, as the Senator is very aware, requires private employers and State and local governments to provide temporary continuation coverage of employee group health insurance, at group rates, for employees and beneficiaries who would otherwise lose this coverage.

Because there are so many inter-relating factors -- the role of the Federal government (including the Treasury Department and the Department of Labor), the States, private insurors --to name a few, I am reluctant to make any blanket statements without knowing the particulars of the "efforts" you cite. However, I can assure you I am sympathetic to the plight of those who cannot obtain adequate health care and will give this appropriate study in the context of overall Administration deliberations.

Minority Senators

HEALTH CARE FOR THE POOR

QUESTION

The State of Florida has recently established a system of pooled funds to finance charity and unreimbursed care provided by hospitals. Do you think this is a good model for the Nation? What do you think the Federal Government should do to encourage all States to set up such mechanisms?

ANSWER

I think what we have done in Florida to address the uncompensated care matter is one of the most imaginative approaches to the problem which we have seen.

It is the approach which we in Florida have concluded is the right one for the mix of delivery systems and payment methods we have. I don't think it is the answer for every State, and I would want every State to decide on its own how it wants to deal with the matter of compensated care. Accordingly, I do not believe the Federal Government should prescribe any route or set of routes.

The proper Federal role, I believe, is one of study and information collection and dissemination. We should make States aware of how other States have come to terms with this question, but not mandate how they deal with the problem.

Minority Senators

COMMUNITY HEALTH CENTERS FUNDING

QUESTION

The Community Health Centers program provides essential primary health care for over five million poor Americans a year. Do you think this is a valuable program? Since 1980, funding for this program has declined 23%, after adjusting for inflation. Do you think this is appropriate in view of the growing numbers of people without health insurance? Would you support substantial increases in the budgets of the Community Health Centers?

ANSWER

The Community Health Centers program has been recognized by the Administration as an important safety net program. The centers are important sources of primary health care for over five million medically underserved people.

At present, the program is funded at the full amount of its authorization level. This level, which is in effect for Fiscal Years 1987 and 1988, was adopted by the Congress and accepted by the Administration when the programs were reauthorized in April of this year. Therefore, it would seem inappropriate at this time to consider increasing the authorization level.

NIH -- Intensifying Research Efforts

Question:

Most authorities agree that we stand on the threshold of breakthroughs in biomedical research in a host of areas ranging from the treatment of genetic diseases, to engineered vaccines, to the chemistry of the brain. Do you agree that we should be intensifying our research efforts given the opportunities for progress?

Answer:

I must recognize the need to reduce Federal expenditures because of the deficit. Within that constraint, however, I strongly agree that we need to pursue funding of the best research that is available and support a strong biomedical research program.

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Minority Senators

NIH -- Level of Funding

Question:

The National Institutes of Health has had a three-fold increase over the last five years in the number of grants that have been approved because of their outstanding quality. But, the number funded has increased less than 1/10 as much. As a result, only one out of every three or four approved grants is actually getting funds. Do you agree that this represents a waste of highly trained scientific talents and is an unnecesssary sacrifice of scientific progress?

Answer:

Although none of us are actually able to make up for lost time, I believe that research opportunities are never totally lost. The investigative mind continues to function, to search for answers, to develop new ways of tackling scientific problems -- regardless of the immediate availability of research support. Eventually, the truly excellent research project is funded and scientific progress is made. With regard to wasting highly trained scientific talent, it is true that some researchers may become discouraged. However, the investigators whose research competence and productivity are distinctly superior are continuing to receive support from the NIH.

NIH -- Administration Commitment

Question:

Over the last two years, the Reagan Administration has sought to implement deep cut-backs in NIH funded research from the levels appropriated by the Congress. For 1986, they proposed to cut the number of new and competing grants from 6100 to 5400 grants. In the 1987 budget, they propose to cut NIH $600 billion below current services and $300 million below the 1986 appropriations. Do you think biomedical research should have as low a priority as this Administration appears to have granted it?

Answer:

At a time when most Government activities are required to make downward adjustments in spending, the relatively level budget for NIH does reflect, I believe, a commitment by the Administration to minimize the effects of resource constraints on the biomedical research efforts. However, those constraints have impacted the NIH, like others, and have brought down the total budget authority for the NIH.

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Minority Senators

NIH -- Support for Biomedical Reasearch

Question

Can we anticipate vigorous support from you for the biomedical research programs at the National Institutes of Health? How will you demonstrate that support?

Answer

I personally am strongly committed to supporting the biomedical research enterprise because I believe that it is central to finding the treatment and cure for disease, as well as finding the way to prevent disease. Thus, biomedical research is critical to improving the health of this Nation's citizens.

I do know that next year, like this one, we will again be facing budget constraints because of the need to address the Federal deficit. However, I assure that, within those constraints, I will support a level of funding for the NIH that will allow it to continue to focus on research excellance. I expect to take an active role in deliberations on the NIH budget for FY 1988.

AIDS

QUESTION

Dr. Windom, more than a million and a half Americans have been infected by the AIDS virus and there are an estimated 190 newly infected Americans every day. Do you think this constitutes a public health emergency?

ANSWER

Yes. Control of AIDS will continue to be the number one priority of the Public Health Service.

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Minority Senators

AIDS

Question: What strategy should be pursued to control and conquer this dread disease?

Answer: While the scientists are exploring every avenue to develop a vaccine to prevent the disease and an effective therapy to treat it, the Public Health Service is using health education among those at highest risk to encourage those individuals to change their sexual and needle-sharing behavior to prevent further spread of this disease.

I am aware that the PHS through the Health Resources and Services Administration will fund in FY 1986 four demonstration projects on health care service delivery to AIDS patients. Until those projects are completed and evaluated, the PHS believes it would be premature to consider wide-spread application of efforts to establish any community-based care programs for AIDS patients.

AIDS

QUESTION

Are you aware that the Administration attempted to rescind $40 million from the money budgeted for AIDS, including cuts in public education funding, vaccine research funding, and community care demonstrations? Does this represent the kind of priority you will place on treating and preventing this disease?

ANSWER

I am aware of the budget proposal which I also know was not approved by the Congress. Let me underscore, as I have said repeatedly, that the prevention and control of AIDS is the PHS number one priority and is mine too.

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"inorit" Senators

ORGAN TRANSPLANT

QUESTION:

I note in your vita that you are a member of the organ donor advisory committee of the state of Florida. As you know, we are currently collecting less than 15% of the organs suitable for transplantation. What do you think we can do to improve the that record? (Note: there are 26,000 potential donors annually; 3,500 actually collected.)

ANSWER:

Although we are unsure of what the potential donor pool is, we know we can and must improve our effectiveness in procuring organs. We can do that through more public and professional education. In addition, a move to voluntary adoption by hospitals of routine inquiry would be an appropriate course of action.

ORGAN TRANSPLANT

QUESTION:

The Congress passed legislation almost two years ago to authorize the establishment of a national transplantation matching network and a system of grants to organ procurement organizations. The Administration has not only failed to establish the network, it proposed to rescind the funds appropriated for the grants. What will you do to improve this record?

ANSWER:

I understand that PHS/HRSA has underway plans to award funds for both the newtork and grants to organ procurement organizations by the end of this fiscal year. This is something at which I will look closely.

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Minority Senators

ORGAN TRANSPLANT

QUESTION:

Many patients cannot afford the high cost of the immunosuppressive drugs necessary to prevent organ rejection. (Note: it averages $5,000 a year.) Do you support public funding for these drugs?

ANSWER:

I understand that most patients who need these drugs are receiving them and are having them paid for through private insurance or Medicaid. The remaining people (about 20% of the transplant population) are the ones we need to be concerned about. I understand that their plight is being considered in the Department's review of catastrophic health care costs.

I will also carefully review this issue, especially in view of the Organ Transplant Task Force recommendation.

ORGAN TRANSPLANT

Q: The Organ Transplant Task Force established by legislation that originated in this Committee has already submitted its draft report to the Secretary. If you are confirmed, will you move rapidly to implement this report?

A: Yes, I will be reviewing those recommendations in the Task Force Report affecting the Public Health Service as soon as possible. I have a keen, personal interest in this subject and want to do all I can to strive for improvements in the field of organ transplantation in this country.

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Minority Senators

ORGAN TRANSPLANT

QUESTION:

One potential problem we face is the proliferation of transplant centers. This can result in higher costs and lower quality. Would you support a federal effort to limit the number of transplant centers?

ANSWER:

As the Assistant Secretary for Health, I would need to be concerned with quality of care. However any effort in this area would also represent a first time intrusion into the practice of medicine. Therefore, I feel decisions in this area must be considered very carefully.

PRIMARY CARE VS. SPECIALTY TRAINING

QUESTION

Are you aware that only 300 of medical school graduates end up as primary care physicians and that all serious studies of medical manpower indicate the need to expand the number of primary care physicians relative to the number of specialty physicians? (i.e., internists, pediatricians, family doctors, obstetrician/gynecologists)? Do you think this is a problem?

QUESTION

As I indicated at the hearing before your committee, I believe that the Nation still needs a proportionate increase in primary care physicians. One of the responsibilities of the Assistant Secretary for Health must be to monitor the number of physicians entering primary care practice in relation to projected needs for such physicians. I feel the Public Health Service should assess on a year-to-year basis the role to be played by the Federal Government in this respect.

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Minority Senators

REIMBURSEMENT FOR RESIDENCY TRAINING

QUESTION

As I'm sure you are aware, the current reimbursement system disproportionately rewards specialty training relative to primary care (training). In view of this disparity, isn't continued direct Federal support of primary care necessary if we are to keep from losing further ground?

ANSWER

Today a number of changes are taking place in the system of funding graduate medical education. New limits soon will go into effect on Medicare reimbursement of physician residency training. Also, demand for primary care physicians vis-a-vis other types of specialists may be modified as a result of market forces and new developments in the health care system. Over the next few years, we will need to watch carefully the impact of these and other changes on educational programs for primary care physicians.

As you know, those who have studied manpower supply project surpluses of health professionals by the end of this decade. Assuming this is so, and geographic distribution continues to improve, the argument for any direct Federal support would appear to have doubtful validity.

ELIMINATION OF MANPOWER TRAINING SUPPORT

QUESTION

Will you resist the Administration's current short-sighted policy of eliminating all manpower training support?

ANSWER

The Administration made those decisions about program priorities at a time of severe budgetary constraints. I am sure the decision to eliminate the Public Health Service's manpower training support programs was not made lightly or easily. As you know, it was not a decision in which I was involved. I assure you that in each budget cycle I, too, will evaluate needs in this area in relation to the priorities in other programs before making my decisions. However, the current supply projections do point to surpluses, as you know.

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Minority Senators

NURSING EDUCATION

Question: Given the rapidly-changing environment for medical practice and the demands it places on the nursing profession, do you agree that better nursing education, particularly graduate training, should be a high priority? Are you aware that the Administration has proposed eliminating Federal support for nursing education programs for the last two years? Are you in agreement with these proposals?

Answer: I agree that nursing education should keep pace with its changing environment and I see that the challenge over the next few years will be to make maximum use of available Federal and non-Federal funds. I am aware of the Administration's proposals. While I did not have a part in the policy-making which led to their development, I recognize the fiscal climate and the statistics on nurse supplies which I understand were key factors in arriving at those budget proposals. As Assistant Secretary for Health, I would have a continuing responsibility to help assure that the Public Health Service meets its desired goals in this area and this is an area I will study closely.

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The CHAIRMAN. I just want to tell you that we are very proud that people like you are willing to give up your practice, really and serve your government. We think that is a terrific thing.

And I for one, although there have been a wide variety of people who have held these positions of high caliber and great expertise, I for one am very happy to have a doctor who has been right there in the forefront, working in very difficult areas that bring his expertise into this position.

So we are very pleased to have had this hearing today, and I want to thank my colleagues who have been here.

Senator Kennedy.

Senator KENNEDY. An area that we have been very interested in and I know that you have been on the organ transplant issue. We have seen where we have not been able to get the funding for this program—it has not been expended; we got the funding, but it was not expended by the administration. There was good legislation that was passed in terms of information availability and in terms of the whole mechanisms of identifying the various organs.

We have serious problems, obviously, in terms of the costs; we have serious problems in terms of the drug issues and rejection. It is very costly to families.

But this is a matter that is I know of interest to this committee. We have seen the recent heart-rending situation in my own State of Massachusetts, and I know it is the same for many families. And I hope that you might be able to bring some energy and some light to the administration's view of this.

I know you have been involved in it through your record. And I would like to work with you on that and see if we cannot be more energetic in pursuing that legislative effort which was signed by the President and also what additional ideas, as someone who has spent some time on that, that you might have to help guide us so that we can make some sense on that issue.

Dr. WINDOM. I certainly look forward to that, Senator Kennedy.

Senator KENNEDY. Thank you.

The CHAIRMAN. Thank you, Senator Kennedy.

With that, hopefully, we can get you approved as soon as possible, Dr. Windom, and get you to the floor.

With that, we will recess until further notice.

Thank you.

Dr. WINDOM. Thank you, Senator Hatch.

[Whereupon, at 11:35 a.m., the committee was adjourned.]

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